

APR 9 2008

4/7/08

KY Department for Environmental Protection /
Division of Water
KPDES Branch
14 Reilly Road
Frankfort, KY 40601
Attn: Vickie Prather

Dear Vickie,

The attachment includes the KPDES Permit Application and required fees for the UPS facility located in Pike County Kentucky.

Please contact me if you have any questions or need further information.

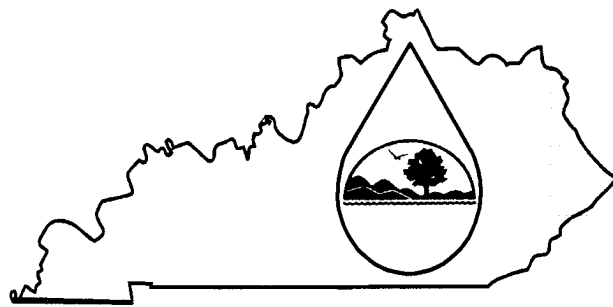
Thank You,
Michael Sullivan
UPS - Plant Engineering
1800 Mercer Road
Lexington, KY 40511
(859) 259-4397 – Office
(859) 621-9217 - Cell

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

APR 9 2008

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	1	0	3	4	8	9	
A. Name of business, municipality, company, etc. requesting permit United Parcel Service, Inc.											
B. Facility Name and Location						C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.					
Facility Location Name: United Parcel Service - Pikeville						Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Michael Sullivan					
Facility Location Address (i.e. street, road, etc., not PO Box): 719 Island Creek Road						Mailing Address: 1800 Mercer Road					
Facility Location City, State, Zip Code: Pikeville, KY 41501						Mailing City, State, Zip Code: Lexington, KY 40511					
						Facility Contact Telephone Number: 859-259-4397					

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Small Parcel Delivery			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		4215 - Delivery service package and parcels / courier services except by air.	
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Pike	City where facility is located (if applicable): Pikeville
C. Body of water receiving discharge: Island Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 32 27' 09" N	Facility Site Longitude (degrees, minutes, seconds): 82 32' 08"
E. Method used to obtain latitude & longitude (see instructions): Topographic Map Coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0103489

Issue Date of Current Permit:

6/1/2006

Expiration Date of Current Permit:

2/28/2009

Number of Times Permit Reissued:

2

Date of Original Permit Issuance:

2000

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	KYD-985-115-278	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Plant Engineering Department - United Parcel Service - 1800 Mercer Road, Lexington, KY 40511

DMR Official Telephone Number:

859-259-4397

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Streamline Environmental - Scott Nolter

DMR Mailing Address:

518 Echo Valley Road

DMR Mailing City, State, Zip Code:

Knoxville, TN 37923

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non-Process Industry

Filing Fee Enclosed:

200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

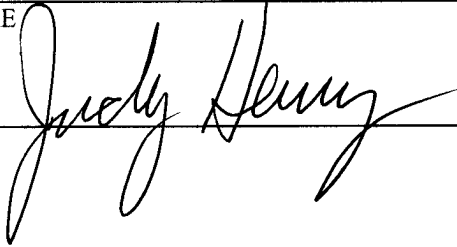
NAME AND OFFICIAL TITLE (type or print):

Mr. ☐ Ms. ☒ Judy Henry - District Manager

TELEPHONE NUMBER (area code and number):

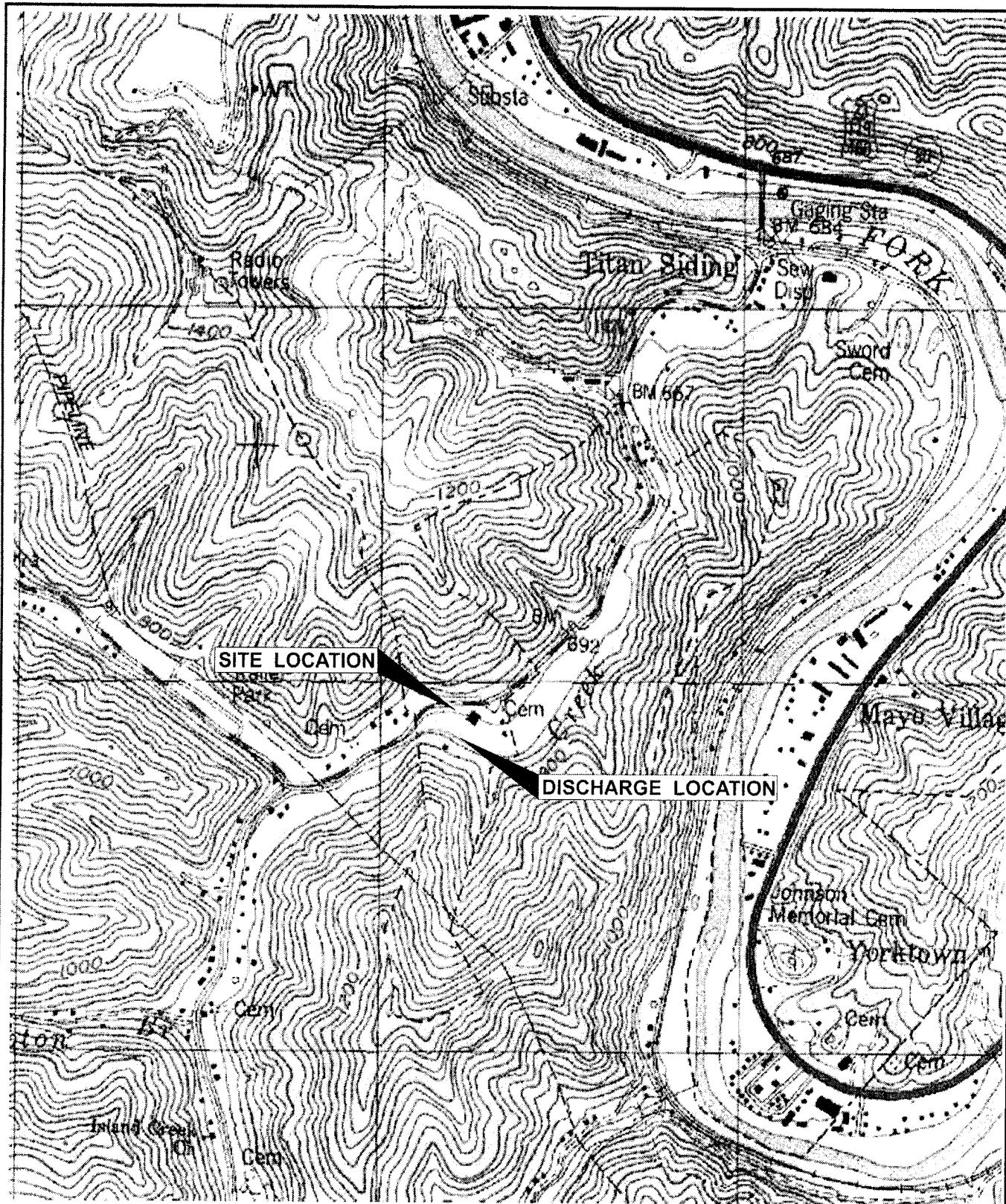
513-852-6227

SIGNATURE



DATE:

3-24-08



Reference:
PIKEVILLE, KENTUCKY
(1992)
USGS QUADRANGLE



SCALE: 1" = 2000'
CONTOUR INTERVAL = 20'

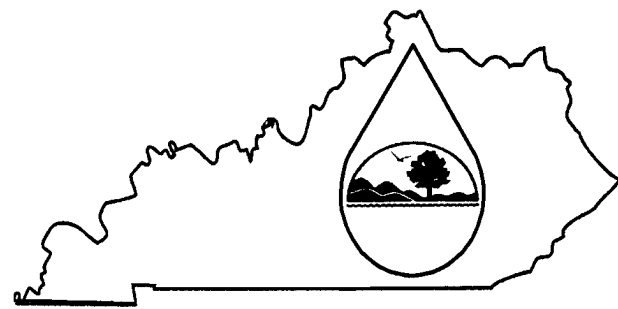
STREAMLINE
ENVIRONMENTAL

FIGURE 1 SITE LOCATION PLAN

UNITED PARCEL SERVICE
PIKEVILLE, KENTUCKY

DATE : 3/11/08 | FILE : SITELOC | BY : RSN

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

APR 9 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: United Parcel Service - Pikeville							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				6 Days Per Week			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Treatment is designed to handle a maximum of 0.010 MGD truck wash water.							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				0.010 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	37	27	09	82	32	08	Island Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic Map Coordinates			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Vehicle Washing	0.002 / 0.010 MGD	Oil Water Separator / Sedimentation	1-U

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list): Vehicle Wash Water

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:** *N/A*

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: N/A (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

N/A

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

N/A

TOTAL POPULATION SERVED

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS

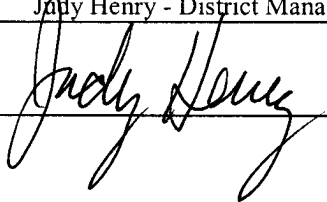
A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	N/A - Please Waive		-
TOTAL SUSPENDED SOLIDS	37 mg / l	15.5 mg / l	12
FECAL COLIFORM	N/A - Please Waive		
TOTAL RESIDUAL CHLORINE	N/A - Please Waive		
OIL AND GREASE	5.7 mg / l	3.6 mg / l	12
CHEMICAL OXYGEN DEMAND	N/A - Please Waive		
TOTAL ORGANIC CARBON	N/A - Please Waive		
AMMONIA	N/A - Please Waive		
DISCHARGE FLOW	0.010 MGD	0.002 MGD	
pH	7.57 SU	7.2	12
TEMPERATURE (WINTER)	Ambient	Ambient	12 - Estimate
TEMPERATURE (SUMMER)	Ambient	Ambient	12 - Estimate

B. Frequency and duration of flow: 1 times per day : 1 - 3 hours.

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Judy Henry - District Manager	TELEPHONE NUMBER (area code and number): 513-852-6227
SIGNATURE 	DATE 3-24-08